

01-22-02

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

Attorney Docket No. 0180.0026

First Inventor: PENICHER

Title: ANTIBODY-AVIDIN FUSION PROTEINS AS CYTOTOXIC DRUGS

Commissioner of Patents
 Box PATENT APPLICATION
 Washington, D.C. 20231

jc872 U.S. PTO
 10/051652
 01/15/02

I hereby certify that on **January 15, 2002** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EL 828125271US** addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 24]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 6]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$370.00		\$740.00
Total Claims	28 - 20 =	8	x \$ 9.00	72.00	x \$ 18.00	
Independent Claims	3 - 3 =	0	x \$ 42.00	0.00	x \$ 84.00	
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00	0.00	+ \$280.00	
			Total	442.00	Total	

METHOD OF PAYMENT

☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account No.

Deposit Account Name

☐ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status 37 CFR 1.27

☒ **Payment Enclosed:**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

David J. Oldenkamp
 David J. Oldenkamp, Reg. 29,421

SHAPIRO, BORENSTEIN & DUPONT
 233 Wilshire Boulevard, Suite 700
 Santa Monica, California 90401
 (310) 319-5400 (Telephone)
 (310) 319-5401 (Facsimile)

Dated: January 15, 2002